



Lead-Related Construction Certification Instructions for Workers

California Department of Health Services, Childhood Lead Poisoning Prevention Branch
Lead-Related Construction Unit

General Information:

The California Department of Health Services (DHS) certifies people who do lead-related construction work. This application information is for **workers** only. **Workers** are people who do lead-related construction in residential or public buildings under the direction of a Supervisor. You do not need to have any previous experience to take Worker training or get certified by DHS.

For information on other certifications, call our Information Line at **1-800-597-5323** or visit our web site at **www.dhs.ca.gov/childlead**.

Getting Certified:

Follow these 7 steps to get a Worker certificate:

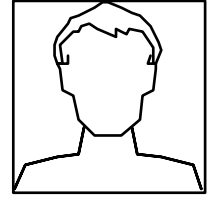
1. Take a State approved Lead-Related Construction **Work** Course. (You may take either a 24-hour or a 32-hour Work course).

Note: If you apply for certification more than one year after taking your initial training, you will need to take a 7 hour Continuing Education for Workers course. If you apply more than three years after taking your initial training, you will need to retake the full initial course over again.

Call our Information Line at 1-800-597-5323 or visit our web site at **www.dhs.ca.gov/childlead** to get a list of State approved courses.

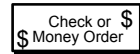
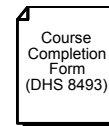
2. Submit the **pink** Course Completion Form (DHS 8493) that you got from your training provider. (Keep the yellow copy for your records.)
3. Include a check or money-order for \$75.⁰⁰, made payable to "Department of Health Services". **IMPORTANT:** This fee cannot be returned to you.

4. Include a recent photograph of yourself. The photograph must be in portrait style, 2 x 2 (passport size). Do not crop the photo to get it to a 2 inch square. Write your name on the back of your photo.



A digital photo is acceptable, in JPEG format and with a resolution of at least 640 x 480. Use your own name as the file name for digital photos. Mail on a 3 ½ inch diskette, or e-mail to LeadPhotos@dhs.ca.gov

5. Your application should contain the following:



Note: There is no separate application form.

6. Be sure to keep the yellow copy of your Course Completion Form for your records. It will be useful when you renew your certificate.
7. Mail **all** of your application materials and payment to:

**Department of Health Services
Childhood Lead Poisoning Prevention Branch
Lead Certification Unit
1515 Clay street, Suite 1801, Box C
Oakland, CA 94612**

You may also drop off your application at the above address, Monday - Friday, between 9:00 a.m. and 5:00 p.m. **All** hand delivered applications must be in a sealed envelope with the above address on the outside.

Do not address your application to a specific person at DHS.

Please allow at least 30 - 60 days for DHS to process your application.

If you have questions about eligibility requirements or how to apply call:
Lead-Related Construction Information Line **1-800-597-LEAD** (1-800-597-5323)

Outside California, dial (510) 622-5072

or visit: **www.dhs.ca.gov/childlead**

Attention Lead Certification Applicants!

Your name can appear on State and National Lead Listings!

If you become certified, the Department of Health Services (DHS) can place your name its *List of Certified Lead Professionals*. This list is distributed statewide to consumers interested in your services. It is also posted on the Internet at www.dhs.ca.gov/childlead . This list can help you get information about your services out to:

- | | | |
|---------------|----------------------|----------------------|
| * Contractors | * Vendors | * Apartment Managers |
| * Homeowners | * Training Providers | * Building Owners |
| * Realtors | * Health Departments | * and Many More! |

What to do: To put your name on the *List of Certified Individuals*, complete the Authorization form (DHS 8540) on the back of this page, sign it and return it to DHS. If you do not send your Authorization, your name will not appear on the list.

When to do it: If you are not yet certified, send your Authorization to DHS with your application materials. **If DHS grants you certification**, your name will appear on the list.

If you are already certified, send your Authorization to DHS **now**! The sooner we get your Authorization, the sooner your name will appear on the list.

Questions: If you have any questions, please call the Lead-Related Construction Information Line at 1-800-597-5323. Outside California, call (510) 622-5072.

IMPORTANT: All information submitted to DHS is subject to release under the California Public Records Act (Government Code 6250 et seq.). While DHS will use its best efforts not to publicly release your personal information, requests for records or information under this act may **require** DHS to release your personal information without your authorization.

A *National Lead Listing* of certified lead personnel has also been developed by the U.S. Housing and Urban Development, Office of Lead Hazard Control and is posted on the Internet at <http://www.leadlisting.org>. For information on how to get your name on the *National Lead Listing*, contact:

The Lead Listing
c/o QuanTech
1911 North Fort Meyer, Suite 1000
Rosslyn, VA 22209
Telephone: (703) 312-7837
Fax: (703) 243-4094
<http://www.leadlisting.org>

Authorization To Release Personal Information

INSTRUCTIONS: Complete the Personal Information portion of this form and read items 2, 3, 4, and 5. Sign the form under item 6 and submit it to the Department of Health Services (DHS). Please note, you should **only** complete this form if you want DHS to place your name and personal information on the DHS List of Certified Lead Professionals. If you do not complete this form and send it to DHS or if DHS denies you certification, your name will **not** appear on the List. If you have already sent this form to DHS, you do not need to send it again unless your personal information has changed.

1. Personal Information:

Name: _____
last first

DHS Lead Certificate Numbers: (if applicable) _____

Business Address: _____
street number and name suite number
city state zip

Business Phone: (____) _____ - _____

Do you provide any of the following services? (check all that apply)... ☐ Painting ☐ General Construction
☐ Remodeling ☐ Hazardous Materials Removal

Are you a California Licensed Contractor? (check one)..... ☐ Yes (Your CSLB Contractor Number: _____)
☐ No

Are you a Certified Industrial Hygienist?(check one) ☐ Yes (Your ABIH Certificate Number: _____)
☐ No

2. Uses: DHS will use the information you provided above in its List of Certified Lead Professionals. DHS will release this information to all interested parties. DHS may also release this information as permitted by the California Public Records Act (Government Code 6250 et seq.). By allowing DHS to release your personal information, you may be contacted by interested parties wanting your services or business. DHS is not responsible for the way this information is used by the interested parties who request it.

3. Duration: This authorization shall become effective immediately and remain in effect until you rescind it in writing.

4. Non-Original Copies: A photocopy of this authorization shall be considered as valid as the original.

5. Authorization: I hereby authorize the California Department of Health Services, Childhood Lead Poisoning Prevention Branch to release the information provided above according to the terms stated above. In signing, I also certify, under penalty of perjury that all information given above is true and correct.

6. Signature:

Your Signature

Print Your Name Here

_____/_____/_____
Date Signed

Include this form with your application materials. If you have already sent your application to DHS, mail or fax this form to:

California Department of Health Services
Childhood Lead Poisoning Prevention Branch
1515 Clay Street, Suite 1801, Box C
Oakland, California 94612
(510) 622-5002 fax

This information is requested by the Department of Health Services, Childhood Lead Poisoning Prevention Branch, under the Government Code, Section 1798.24(b), in order to allow for the release of personal information. Completion of this form is voluntary. Persons not completing this form will not be included in the Department's List of Certified Lead Professionals. Information provided on this form will be released to all interested parties. You have the right to access records containing your personal information maintained by the Department of Health Services. For information or access to your records, contact the Childhood Lead Poisoning Prevention Branch, 1515 Clay Street, Suite 1801, Oakland, California 94612, Telephone: 1-800-597-LEAD or (510) 622-5072 from outside California.